

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN18ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2011
NAME OF PROVIDER OR SUPPLIER VITALITY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3740 IDAHO STREET ELKO, NV 89801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comment The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 5/5/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 28 residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was 11. Ten resident files and 11 employee files were reviewed.	D 000		
D 250 SS=F	NAC 449.147(6)(a-d) Dietary Services 6. A facility with more than 10 clients must: (a) Comply with all applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto; (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Health Division; (c) Maintain a report of each inspection concerning the sanitation of the facility for at least 1 year after the date of the inspection; and (d) Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (c) for at least 1 year after the date of the corrective action.	D 250		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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D 250	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 5/5/11, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings include:</p> <p>1. Critical Violations:</p> <p>a. The person in charge of the kitchen was not food safety certified at the time of inspection.</p> <p>2. Cleaning and Sanitation Issues:</p> <p>a. Two boxes of potatoes were stored on the floor.</p> <p>b. Multiple food dispensing scoops/cups were improperly stored in the onion powder, garlic powder, and sugar containers.</p> <p>c. The chlorine sanitizer for the wet wiping cloth storage was over concentrated >200 ppm.</p> <p>d. There were no paper towels at the kitchen hand washing sink at the time of inspection.</p> <p>e. There was no waste receptacle at the kitchen hand washing sink.</p> <p>Severity: 2 Scope: 3</p>	D 250			

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